

Date: __/__/__ Reporting Staff: _____ Facility/District: _____ Sub-Office: _____

VIOLENT CRIME OFFENDER REGISTRATION FORM

NAME: _____ DOC #: _____
Last First Middle

Alias(s): _____ Race/Sex _____
Last First Middle

DOB: __/__/__ SSN: __-__-__ DL#: _____ FBI#: _____ OSBI#: _____ State: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Blood Type: _____

DNA Collected: _____ Place of Birth: _____ Age of Victims: _____

Marks/Scars/Tattoos: (Y or N) Describe: _____

Name of Emergency Contact: _____ Phone Number: _____ Address: _____

Addresses (begin with current):

Address City/State/Zip Code/Phone # How Long?

Address City/State/Zip Code/Phone # How Long?

Address City/State/Zip Code/Phone # How Long?

Student? Educational Institution? Address of Educational Institution?

Employment (current on first line, last previous on second line):

Company Address (include city & state) Occupation Dates of Employment

Company Address (include city & state) Occupation Dates of Employment

Full Description of All Vehicles Available for Use:

Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____

Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____

Make: _____ Model: _____ Color: _____ Year: _____ Tag#: _____

Convictions for Violent Crimes:

Offense: _____ Offense: _____ Offense: _____

CF#: _____ CF#: _____ CF#: _____

Date Convicted: __/__/__ Date Convicted: __/__/__ Date Convicted: __/__/__

Date Sentence Completed: __/__/__ Date Sentence Completed: __/__/__ Date Sentence Completed: __/__/__

City/County/State of Conviction City/County/State of Conviction City/County/State of Conviction

Name under which convicted Name under which convicted Name under which convicted

Incarcerations/Hospitalizations Pertaining to the Above Offenses:

Name of Institution Name of Institution Name of Institution

Location Location Location

Dates Dates Dates

Offender Signature _____